



LOYOLA RECOVERY FOUNDATION, INC.

**Health System Innovation: A Proven Model
Supporting Recovery for American
Veterans**

NORC Webinar



The screenshot displays the GoToWebinar interface. At the top, there is a menu bar with 'File', 'View', and 'Help'. Below the menu bar, there are several icons: a microphone, a speaker, and a question mark. The main content area is divided into two panels. The top panel is titled 'Audio' and contains two radio buttons: 'Telephone' (unselected) and 'Mic & Speakers' (selected). Below the radio buttons, there is a 'MUTED' indicator and a volume control slider. The bottom panel is titled 'Questions' and contains a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. The bottom of the interface shows the webinar title 'Webinar Housekeeping' and the ID 'Webinar ID: 275-918-366', along with the 'GoToWebinar' logo.

Join audio:

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- Choose “Telephone” and dial using the information provided

Submit questions and comments via the Questions panel.

Today’s webinar is being recorded and will be available within 48 hours.



National Screening, Brief Intervention and Referral to Treatment ATTC



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



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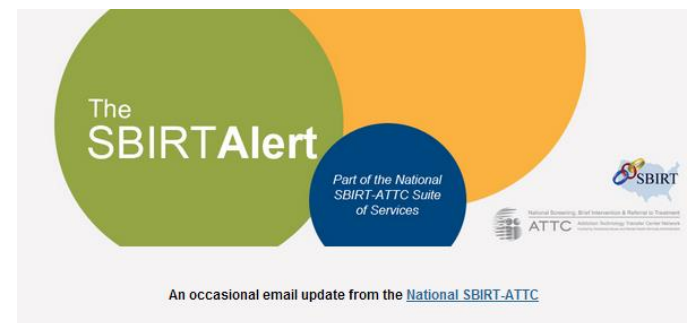
National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network

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- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and a partner with NORC on BIG Initiatives – hospital initiative and EAP initiative
- U.S. Preventive Services Task Force (USPSTF) - Publish Final Recommendations: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse - <http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm>
- Connect with us:
 - Website: www.attcnetwork.org/sbirt
 - Signup: SBIRT Alert – email update <http://ireta.org/ENewsletter-subscribe>
 - Email us: sbirt@attcnetwork.org





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AGENDA

- > Brief Review of Loyola Model
- > Key Current Business Components
- > State and Federal VA and Non-VA Healthcare Environment
- > mPOWER—Protecting Veterans at Risk



Loyola Model Review

- > Provide an “Aspirin” for VA Healthcare “Headaches” for Veterans with Complex Care, Addiction, Housing, Employment and Behavioral Health Needs.
- > Loyola Rubric: Better Care as Evidenced by Clinical Outcomes and Patient Satisfaction; Lower Price; Expanded Service; Proof of Concept that Evidence Based Medicine, Innovation and Integration are possible.



Loyola Model Review Continued

- > Maintain Rubric in Accordance with a Recovery Vision Veterans Support:

Recovery = Health, Job, Home, Relationships (“A Life in the Community For Everyone”—Charles Curie)

- > Care Questions Normalized to the Voice of the Veteran with Veteran Governance.
- > Services Build “Mutual Reinforcement” by providing Veteran Employment.

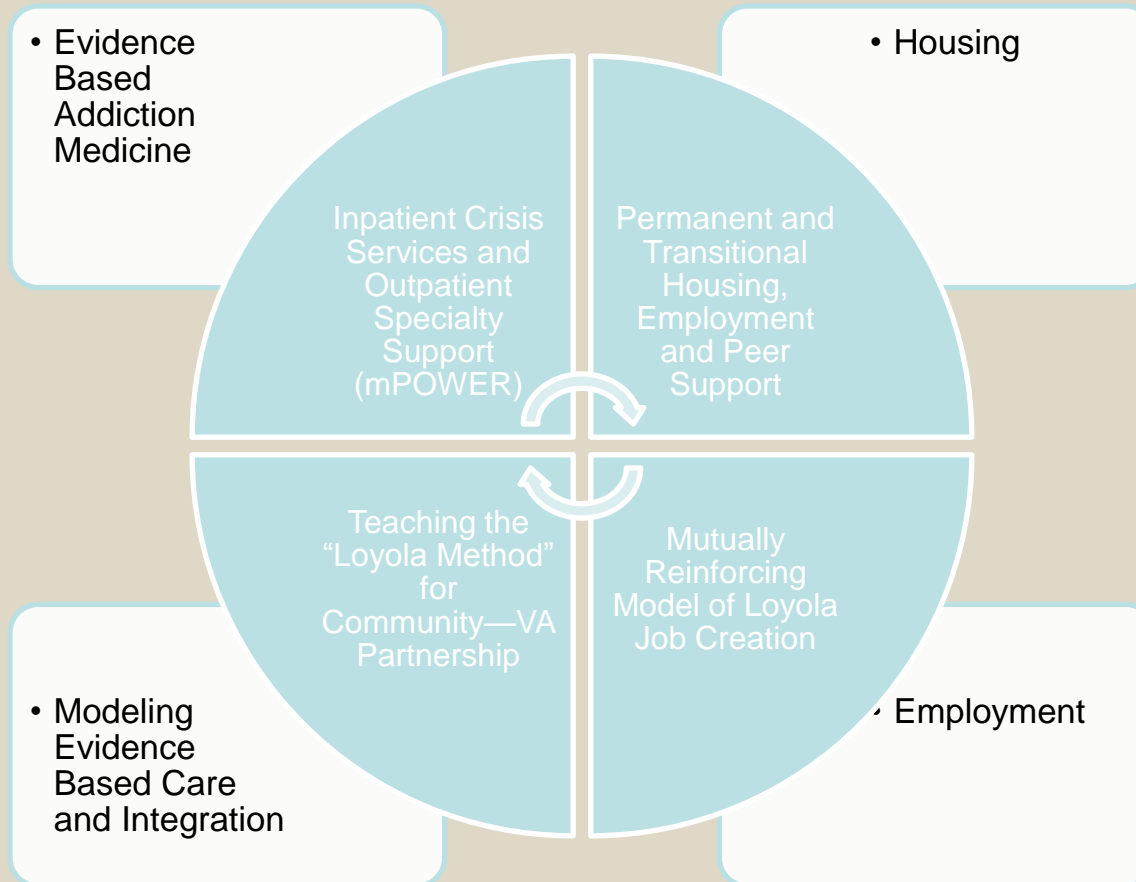


Loyola Model Service Components

- > 50 Crisis Detoxification Beds (Bath, Albany VAMC's 25 Each).
- > Eaglestar Housing 15 Transitional Beds in East Pembroke, 15 in Spencerport and SPARC.
- > mPOWER Outpatient Model for At Risk Veterans.
- > "VITAL" Intervention Project with Rochester General Hospital.
- > "V2B" Employment Initiative (Career Start)
- > Operation Economic Freedom Call Center



Loyola Service Matrix





VA and Non-VA Healthcare Environment

- > Affordable Care Act seeks to “bend the cost curve” through effective management of high risk/high need patients.
- > September, 2012 Presidential Executive Order directs VA to Contract with Community Healthcare Providers for Service needs not met by VA.
- > IOM Report (September 2012) indicating high opioid/alcohol prevalence among veterans and low infrastructure



VA and Non-VA Healthcare Environment

- > Integrated Specialty Care Components based on evidence based models with “Pay for Performance” approaches Sought by Healthcare entities (“build or buy”) to capture savings or enhanced Medicaid.
- > Adoption of “Meaningful Use” EHR’s, Predictive Analytics and Mobile Technologies Essential (Loyola has all three).
- > Track Record, Accreditation, Quality Assurance.



mPOWER

- > In 2010, Loyola identified 43 Veterans with 3 or more Detoxification Hospitalizations in 18 months or less.
- > Similar profiles of chronic alcohol dependence, trauma, mental health condition and physical illness
- > Every detox episode offered the “same thing” for a recovery support strategy
- > Health kept deteriorating and Risk Factors were rising



mPOWER

- > Loyola designed a “bundled” evidence based care and integration strategy combining cutting edge technology in, smartphone recovery support (ACHESS), pharmacological recovery support (Vivitrol), trauma support (Najavits, et.al.) and peer support (White, et.al.).
- > Strategy defined as “mPOWER” Program (Mobile Patient Opportunities for Wellness, Empowerment and Recovery)



mPOWER

- > SAMHSA funded project for 3 years (2011-2014)
- > Service Partners: University of Wisconsin ACHES Project, Westat (Evaluation) and myStrength (online mental health support)
- > Key metric for the program is to reduce inpatient hospitalization rate to 1 or less every 18 months.
- > Data Collected: GPRA, SF-36, PHQ-6, Brief Alcoholism Monitor—BAM (weekly analytic)



mPOWER

- > Project integration strategy is that mPOWER medical providers are credentialed by VA Health System and project works as “collaborative care” model with VA Mental Health and PACT primary care teams.
- > All services delivered at Bath VAMC and supported by Loyola Transportation Network
- > Loyola staff paid for by grant. Medication prescribed out of and procured by VA pharmacy and labs paid for by VA.



mPOWER

- > Loyola staff enters notes in VA CPRS system capturing encounters for VA utilization data and Vivitrol ordered out of VA pharmacy
- > Loyola staff attends Behavioral Health and Primary Care team meetings.
- > Patients weekly survey mapping risk and protective factors are done on the smartphone (BAM) and staff responds to high risk situations
- > Smartphone ACHES application utilization tracked by UW.



mPOWER

Key Results

- > 44 Active Patients for 11 months (110% of 1st Projected Enrollment)
- > Pre-Enrollment Total Hospitalizations in Patient Cadre = 110
- > Post-Enrollment Total Hospitalizations in Patient Cadre = 23
- > Reduction of 87 Hospitalizations.



mPOWER

- > Emerging data on Health Status Improvement, Treatment Compliance and change in Depression symptoms available in July, 2013
- > Program Admission Demand, driven by veteran patient “word of mouth” is double current capacity
- > VAMC’s recognizing need for more infrastructure seeking model development.
- > Rest of Care Continuum must be developed.



VITAL Project with Rochester General Hospital

- > Veterans Intervention, Treatment and Long-Term Recovery Project.
- > 47% of OEF/OIF Veterans do not use VA.
- > Screens Veterans in RGH Emergency Department and engages them with VA care. with volunteer veterans. Aiming for 200 referrals in 2013.
- > Utilizes evidence based screening, brief intervention and referral to service methodology in collaborative care model with RGH.



Any Questions?





Thank you

- > You will receive an email with a link to a brief survey about the webinar
- > Recording will be available at:

http://www.thenationalcouncil.org/cs/recordings_presentations